

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY BREATH ALCOHOL PROGRAM

INTOX DMT MAINTENANCE REPORT

REPORT #1

Complete this report at the time of the regula	r monthly preventive main	tenance check (not t	to exceed RECEIVED		
Complete this report whenever the Instrumer Retain the original and send a copy within 15	ced into a By Carol Day a	t 11:25 am, Jul 29, 2015			
INTOX DMT SN NAME OF AGENT 500014 Grandvie	DATE OF INSPECTION 07/27/2015				
LOCATION OF INSTRUMENT (STREET AND CITY) 1200 Main St, Grandview, MO 64030			пме от INSPECTION 14:23:17		
CHECKLIST: Place a mark in the box by each values where determined). Unmarked items r	ch item if found to be satis	factory or is operatinusing instrument.	g within established limits.	(Write in observed	
☑ DIAGNOSTIC RECORD	-				
DATE AND TIME <u>07/27/2015 14:23</u> ;	19	☑ DETECTOR			
☑ PROGRAM		☑ FILTER 1			
☑ SAMPLE CHAMBER 48.8°C		☑ FILTER 2			
☑ BREATH TUBE 45.2°C		☑ FILTER 3			
☑ PUMP	,	☑ INTERNAL ST	ANDARD		
BREATH ANALYZER ACCURACY STANE	ARDS				
☐ SIMULATOR STANDARD ☑ COMPRESSED ET			D ETHANOL-GAS MIXTU	JRE	
☑ STANDARD SUPPLIER INTOXIMETE	R LOT#	AG400604	EXP. DATE _	01/06/2016	
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIMULA	ATOR SN	SIMULATOR EXP D	ATE	
 ☐ CALIBRATION CHECK - (ONLY ONE SENT ONLY ONE SENT OF THE PRINCIPLE OF THE PRINCIPLE OF THE PRINCIPLE ON THE PRINCIPLE OF THE PRINCIPLE	ing to the standard being ND BETWEEN 0.095% Af ND BETWEEN 0.076% Af	used. ND 0.105% INCLUS ND 0.084% INCLUS	IVE IVE	d	
TEST 1: 0.076	TEST 2: 0.077		TEST 3: 0,077	MANAGE CONTRACTOR OF THE PARTY	
☑ PERFORM R.F.I. TEST					
INDICATE THE NUMBER OF BREATH TE	STS IN THE FOLLOWIN	IG RANGES SINC	E THE LAST MAINTENA	ANCE REPORT:	
REFUSALS: 0 004: 0	.0509: 1	.1014: 0	.1519: 0	OVER .19: 0	
UST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR A ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	E .	RESTORE THE INSTRUME	NT TO OPERATE SATISFACTORILY	AND WITHIN	
	Management and the second seco				
				·	
NSPECTING OFFICER					
SONATURE (16)		PRINTFULL NAME MATTHEW C	EARNEST		
YPE II PERMIT AUSBER // 230241	EXPIRATION DATE 10/24/2015	TELEPHONE 816-31	имвек 6-4900		
RETURN COMPLETED REPORT TO THE Breath Alcohol Program, MO Department of Health and Senior Services Southeast District Office 2875 James Blvd, Poplar Bluff, MO 63901					



Airgas USA LLC (LAB) 3500 Bernard Street St. Louis, Mo. 63103 Ph: (314) 533-3100

Fax: (314) 533-7328

Certificate of Analysis

Customer Name Intoximeters, Inc. 2081 Craig Road St. Louis, Mo 63146

Test Date: 7-Jan-2014

Lot # AG400604

Exp. Date

Cyl. Type

<u>Component</u>

Certified Concentration

6-Jan-2016

108

Ethanol Nitrogen 0.080 ± 0.002 BrAC (208 ppm)

Balance

Certification Traceable to N.I.S.T. RGM Ethanol Standards:

Serial No.	Concentration 391.8 ppm 259.8 ppm 209.0 ppm 103.7 ppm	Serial No.	Concentration
EB0010581		EB0010603	392.5 ppm
EB0010570		EB0010569	258.9 ppm
EB0010285		EB0010595	208.9 ppm
EB0010561		EB0010562	104.9 ppm
EB0010681	52.22 ppm	EB0010802 EB0010579	62.94 ppm

Analytical Method:

NDIR

Digitally signed by Quality Control Date; 2014.01.07 09.02.07 -06:00 Reason: Dry gas standard certification of analysis Location: Argas USA LLC (Lab)

Analyst:

Rod Marcala

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01



MO 680-0771 (8-10)

STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



LAS-4 (86-10)

PERMIT TYPE II

MATTHEW C EARNEST

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

